

CALIFORNIA COOPERATIVE AGREEMENT SHORTAGE DESIGNATION PROGRAM
THIRTEENTH (13th) ANNUAL HPSA AND MUA/MUP DESIGNATION TRAINING

Please RSVP for Burlingame no
later than **February 17, 2006**

Please RSVP for Mendocino
later than **March 10, 2006.**

BURLINGAME

_____ **Yes**, I plan to attend the HPSA and MUA/MUP
Designation Training on **March 9 & 10, 2006** in
Burlingame.

Attendee's Name: _____

Professional Title: _____

Organization: _____

Address: _____

Phone Number: _____

E-mail Address: _____

_____ **No**, I cannot attend. Please forward training
materials.

(Provide complete information above.)

MENDOCINO

_____ **Yes**, I plan to attend the HPSA and MUA/MUP
Designation Training on **March 28 & 29, 2006** in
Mendocino.

Attendee's Name: _____

Professional Title: _____

Organization: _____

Address: _____

Phone Number: _____

E-mail Address: _____

_____ **No**, I cannot attend. Please forward training
materials.

(Provide complete information above.)

Please send all RSVPs to the attention of Pat Coyle.

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Fax: (916) 654-3138

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